## THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

**CORRECTED LETTER** 

SOAH DOCKET NO. 453-03-1756.M2

	NOTE: Date of Injury
December 23, 2002	
RE: MDR Tracking #: IRO Certificate #:	M2-03-0316-01 IRO4326
organization (IRO). The Texas	the Texas Department of Insurance (TDI) as an independent review s Workers' Compensation Commission (TWCC) has assigned the above ependent review in accordance with TWCC Rule §133.308 which allows for an IRO.
was appropriate. In performing	ident review of the proposed care to determine if the adverse determination g this review, relevant medical records, any documents utilized by the parties e adverse determination, and any documentation and written information peal was reviewed.
surgery which is the same spe certification statement stating t treating physicians or provider determination prior to the refer	erformed by a physician reviewer who is board certified in orthopedic cialty as the treating physician. The physician reviewer has signed a hat no known conflicts of interest exist between him or her and any of the s or any of the physicians or providers who reviewed the case for a ral to for independent review. In addition, the reviewer has certified that out bias for or against any party to this case.
Clinical History	
hands from scanning groceries	ned a work related injury on when she developed initial numbness in her s. Her hands became painful and progressively more severe. An MRI of the lorsal synovitis with degenerative changes. On 09/13/01 the patient underwenuse.
Requested Service(s)	
Right ulnar nerve release.	
<u>Decision</u>	
It is determined that the right u	Inar nerve release is medically necessary to treat this patient's condition.
Rationale/Basis for Decision	
carpal tunnel release, however	persistent pain and discomfort in both of her arms. She has undergone a r, she has a positive Tinel's sign over the ulnar nerves of both elbows and her or bilateral ulnar nerve entrapment syndromes. The pain is getting worse and

NOTICE OF INDEPENDENT REVIEW DECISION

right ulnar nerve release is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

making it difficult to perform any activity including housework, writing, or any type of grasping. Therefore, the

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.** 

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Comission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 8<sup>th</sup> day of January 2002.